

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

2000

FOR OFFICE USE ONLY

Postmark Date: 12-21-89

Reg
44-489290
#10
KSD

1991697

Instructions

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Calandro Michele S.
Last First MI

2. BUSINESSPHONE (225) 295-2456
Area Code and Phone Number

3. BUSINESS ADDRESS 5525 Reitz Avenue, Baton Rouge, LA 70809-3802
Street and No. City State Zip

MAILING ADDRESS Post Office Box 98029, Baton Rouge, LA 70898
Street and No. City State Zip

4. EMPLOYER Blue Cross and Blue Shield of Louisiana

5. EMPLOYER'S ADDRESS Same as above.
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Health Service & Indemnity Company
d/b/a Blue Cross and Blue Shield of Louisiana
Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802

Business or purpose Health Insurance

Does this person pay you? Yes

If No, who pays you? _____

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2. Name HMO Louisiana, Inc. ✓
Address 5525 Reitz Avenue, Baton Rouge, LA 70809-3802
Business or purpose Health Insurance
Does this person pay you? No
If No, who pays you? Louisiana Health Service & Indemnity Company
3. Name Southern National Life Insurance Company, Inc. ✓
Address P.O. Box 98044, Baton Rouge, LA 70898-9044
Business or purpose Life Insurance
Does this person pay you? No
If No, who pays you? Louisiana Health Service & Indemnity Company
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Michael Calandra
Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
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